

## TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

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## PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last) Cal T. Rans		SOCIAL SECURITY NUMBER 012-34-5678		DEPARTMENT TRANSPORTATION	
POSITION Transportation Engineer		B.U./M.D. 9		NUMERIC DIST/UNIT (For Check to Be Sent) 59/501	
CLAIMANT'S HOME ADDRESS 1111 Broadway		HEADQUARTERS ADDRESS 1234 Alhambra Blvd.		CONTACT PHONE # (Include Area Code) (916) 555-1212	
CITY Sacramento		STATE CA		ZIP CODE 91234-5678	
CITY Sacramento		STATE CA		ZIP CODE 95818-	

(1) MONTH/YEAR April 2003		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE		(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C REL. OR DINNER		(A) COST OF	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
1	cont.	LTA Location	24.00			24.00						20	6.80		54.80
2		LTA Location	24.00			24.00						25	8.50		56.50
3		LTA Location	24.00			24.00						24	8.16		56.16
4	1600	LTA Location to Perm Residence				24.00						23	7.82		31.82
4												150	51.00		51.00
6	1800	Perm Residence to LTA Location	24.00			24.00						150	51.00		99.00
7		LTA Location	24.00			24.00						25	8.50		56.50
8		LTA Location	24.00			24.00						23	7.82		55.82
9		LTA Location	24.00			24.00						15	5.10		53.10
10		LTA Location	24.00			24.00						20	6.80		54.80
11	cont.	LTA Location	24.00			24.00						23	7.82		55.82
(10) SUBTOTALS			216.00			240.00						498	169.32		625.32

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

CLAIM TOTAL \$ 625.32

(12) NORMAL WORK HOURS 7:00-4:00		SUF. FIX	T. CODE	M. O. D.	SOURCE		CHG DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FAE	AGCY. OBJ.	AMOUNT	FY	MSA CODE
(13) PRIVATE VEHICLE LICENSE# 41AM123					59	501	59	912076			7	010	\$169.32		
(14) MILEAGE RATE CLAIMED 0.34					59	501	59	912076			7	020	\$456.00		
AGENCY ACCOUNTING OFFICE USE ONLY															
PAID BY REV. FUND CHECK #															

(15) I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>Cal T. Rans</i>	DATE 4.15.03	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Boops T. Rans</i>	DATE 4.18.03
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse side)			DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING